

SERFF Tracking Number:	UNUM-125972326	State:	Arkansas
Filing Company:	Unum Life Insurance Company of America	State Tracking Number:	41250
Company Tracking Number:	C.V.2		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	Group Products		
Project Name/Number:	Portland Service Office Addition/C.V.2		

## Filing at a Glance

Company: Unum Life Insurance Company of America

Product Name: Group Products

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: UNUM-125972326 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: C.V.2

Co Status:

Author: Susan Martin

Date Submitted: 01/02/2009

State Tr Num: 41250

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 01/08/2009

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Portland Service Office Addition

Project Number: C.V.2

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: The State of Maine does not have a requirement to list servicing offices in the contract.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association, Trust

Filing Status Changed: 01/08/2009

State Status Changed: 01/08/2009

Corresponding Filing Tracking Number:

Filing Description:

Deemer Date:

Attached please find a State Notice to include our Portland Office as a Service Office for Customers to contact. We would like to request permisison to use this State Notice for all of our group products.

## Company and Contact

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Project Name/Number:	Portland Service Office Addition/C.V.2		

### Filing Contact Information

Susan Martin, Director	spmartin@unum.com
2211 Congress Street	(207) 575-8126 [Phone]
Portland, ME 04122	(423) 209-3550[FAX]

### Filing Company Information

Unum Life Insurance Company of America	CoCode: 62235	State of Domicile: Maine
2211 Congress Street	Group Code: 416	Company Type: L&H
Portland, ME 04122	Group Name:	State ID Number:
(207) 575-2211 ext. [Phone]	FEIN Number: 01-0278678	

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	Yes
Fee Explanation:	1 form @ \$20 = \$20
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unum Life Insurance Company of America	\$20.00	01/02/2009	24798756

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/08/2009	01/08/2009

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<i>Company Tracking Number:</i>	<i>C.V.2</i>		
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<i>Product Name:</i>	<i>Group Products</i>		
<i>Project Name/Number:</i>	<i>Portland Service Office Addition/C.V.2</i>		

## **Disposition**

Disposition Date: 01/08/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	NAIC Uniform Transmittal Form		Yes
Form	State Notice		Yes

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## Form Schedule

Lead Form Number: C.V.2

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	C.V.2	Policy/Cont State Notice ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45	Arkansas - Portland Service Office.doc

<i>SERFF Tracking Number:</i>	<i>UNUM-125972326</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>41250</i>
<i>Company Tracking Number:</i>	<i>C.V.2</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Group Products</i>		
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Attachment "Arkansas - Portland Service Office.doc" is not a PDF document and cannot be reproduced here.

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 01/02/2009

#### Comments:

#### Attachment:

AR - Rule 19 Cert Form for E of I Filing for C.V.2.pdf

### Review Status:

**Satisfied -Name:** NAIC Uniform Transmittal Form 01/02/2009

#### Comments:

#### Attachment:

NAIC Transmittal - Arkansas C.V.2.pdf

## **Certificate of Compliance with Arkansas Rule and Regulation 19**

Insurer: Unum Life Insurance Company of America

Form Number(s): C.V.2

I hereby certify that the filing above meets all applicable Arkansas requirements including the Requirements of Rule and Regulation 19.



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Signature of Company Officer

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Nancy Johnson  
Name

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Vice President  
Title

2 January 2009

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Date

## Life, Accident &amp; Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	<b>Department Use Only</b>						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Unum Life Insurance Company of America	Maine	L&H	416	62235	01-0278678	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Susan P. Martin	207-575-8126	423-209-3550	spmartin@unum.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	C.V.2					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____					
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise					
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____				
9.	Type of Insurance		Group Life/AD&D/STD/LTD				
10.	Product Coding Matrix Filing Code	L04G.500, H11G.005					
11.	Submitted Documents	<input checked="" type="checkbox"/> <b>Forms</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input checked="" type="checkbox"/> Other: <u>State Requirements Notice listing</u> <u>Service Office</u>					
		<input type="checkbox"/> <b>Rates</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate					
		<input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____					
		<b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____					

12.	<b>Filing Submission Date</b>	1/2/09	
13.	<b>Filing Fee (If required)</b>	Amount \$60 Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Date <u>EFT</u> Check Number <u>EFT</u>
14.	<b>Date of Domiciliary Approval</b>	Domiciliary approval not required; no requirement for service office listing in Maine	

15.	<b>Filing Description:</b>
	<p>This filing is made so that we may add our Portland, Maine service office to the offices where our Customers call for service or questions on their policies.</p>

16.	<b>Certification (If required)</b>
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I **HEREBY CERTIFY** that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas

Print Name Susan P. Martin Title Director, Unum Law Department

Signature *Susan P. Martin* Date: 1/2/09

<b>17.</b>	<b>Form Filing Attachment</b>
<b>This filing transmittal is part of company tracking number</b>	C.V.2
<b>This filing corresponds to rate filing company tracking number</b>	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	State Requirement Notice	C.V.2	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Notice listing Company Service Office			
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

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